

502-429-3300
800-305-2042
FAX 502-429-3311
kbn.ky.gov

KENTUCKY BOARD OF NURSING

312 Whittington Parkway, Suite 300
Louisville, Kentucky 40222-5172

Ernie Fletcher
Governor

VERIFICATION OF COMPLETION OF THE CLINICAL INTERNSHIP

Applicant Information

Name: _____

Social Security #: _____ Provisional License #: _____

Date of Birth: _____ Phone: _____

Mailing Address: _____

Provide the Following Information

By my signature below, I verify that the above named nursing applicant has completed the clinical internship period of at least 120 hours required for licensure by examination in 201 KAR 20:070 or licensure by endorsement in 201 KAR 20:110, as applicable.

Facility Name: _____

Facility Address: _____

Facility Phone: _____

Applicant's Signature: _____

Date: _____

Supervising Nurse's Name (PLEASE PRINT): _____

KY Nursing License#: _____

Supervising Nurse's Signature: _____

Date: _____

Mail or Fax Completed Form to:

Kentucky Board of Nursing
Attn: Credentials
312 Whittington Parkway, Suite 300
Louisville, KY 40222-5172

Fax: 502-696-3953
(Frankfort Exchange)

pl_ci_verif 06/200

Office Use Only

Reviewed By: _____ Date: _____